

**MARICOPA COUNTY PLANNING & DEVELOPMENT DEPARTMENT
SPECIAL USE PERMIT APPLICATION**

REQUESTED:

Project Name: _____
Requested Special Use: _____
Description Of Request: _____

Existing Use Of The Property: _____

PROPERTY INFORMATION:

Address (If Known): _____
General Location (Include Nearest City/Town): _____

Size In Acres: _____ Square Feet: _____
Legal Description: Section: _____ Township: _____ Range: _____
Assessor's Parcel Number: _____
Subdivision name (unit) & lot # if applicable: _____

Applicant - Name: _____ **Contact:** _____
Address: _____
City: _____ **State:** _____ **ZIP:** _____
Phone #: _____ **FAX #:** _____

Property Owner - Name: _____
Address: _____
City: _____ **State:** _____ **ZIP:** _____
Phone #: _____ **FAX #:** _____

SIGNATURE OF APPLICANT: _____ **Date:** _____

STAFF USE ONLY:

Zoning Case #:	Zoning Map #:	Supervisor District:
_____	_____	_____
Zoning District:	TAC Date:	
_____	_____	
Date of Submittal:	Accepted By:	
_____	_____	
Fee:	Related Case #:	
_____	_____	